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Bib Data Sheet

CONFIRMATION NO. 5178

|                             |  |              |                        |   |
|-----------------------------|--|--------------|------------------------|---|
| SERIAL NUMBER<br>10/658,449 | FILING OR 371(c)<br>DATE<br>09/09/2003<br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3738 | ATTORNEY<br>DOCKET NO.<br>10002-701.407 |
|-----------------------------|--|--------------|------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This application is a DIV of 10/615,727 07/09/2003  
 which is a DIV of 09/693,272 10/20/2000 PAT 6,610,091  
 which claims benefit of 60/160,891 10/22/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/02/2003

|                                 |  |                           |                         |                       |                            |
|---------------------------------|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>17 | TOTAL<br>CLAIMS<br>27 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                           |                         |                       |                            |
| Verified and<br>Acknowledged    | Examiner's Signature   | Initials                  |                         |                       |                            |

## ADDRESS

12458

## TITLE

FACET ARTHROPLASTY DEVICES AND METHODS

|                               |   |  |
|-------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>738 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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